



*Medi-Cal Managed Care Division*

# *state of california*



## **Medi-Cal Managed Care External Quality Review Organization**

### *Report of the* **2005 Annual Review Health Net Health Plans**

*Submitted by*  
**Delmarva Foundation  
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## 2005 Annual Review: Health Net Health Plans: (Fresno, Los Angeles, Sacramento, San Diego and Tulare Counties)

### Introduction

The California Department of Health Services (DHS) is charged with the responsibility of evaluating the quality of care provided to Medi-Cal recipients enrolled in contracted Medi-Cal managed care plans. To ensure that the care provided meets acceptable standards for quality, access, and timeliness, DHS has contracted with the Delmarva Foundation for Medical Care, Inc. (Delmarva) to serve as the External Quality Review Organization (EQRO).

Following federal requirements for an annual assessment, as set forth in the Balanced Budget Act of 1997 and federal EQRO regulations, Delmarva has conducted a comprehensive review of Health Net Health Plans to assess the plan's performance relative to the quality of care, timeliness of services, and accessibility of services.

For purposes of assessment, Delmarva has adopted the following definitions:

- Quality, stated in the federal regulations as it pertains to external quality review, is defined as “the degree to which an MCO or PIHP increases the likelihood of desired health outcomes of its recipients through its structural and operational characteristics and through the provision of health services that are consistent with current professional knowledge” (“Final Rule: External Quality Review”, 2003).
- Access (or accessibility) as defined by the National Committee for Quality Assurance (NCQA), is the “timeliness in which an organization member can obtain available services. The organization must be able to ensure accessibility of routine and regular care and urgent and after-hours care” (“Standards and Guidelines”, 2003).
- Timeliness as it relates to Utilization Management (UM) decisions is defined by NCQA as when “the organization makes utilization decisions in a timely manner to accommodate the clinical urgency of the situation. The intent is that organizations make utilization decisions in a timely manner to minimize any disruption in the provision of health care” (“Standards and Guidelines”, 2003). An additional definition of timeliness given in the National Health Care Quality Report “refers to obtaining needed care and minimizing unnecessary delays in getting that care” (“Envisioning the National Health Care”, 2001).

Although Delmarva's task is to assess how well Health Net Health Plans perform in the areas of quality, access, and timeliness it is important to note the interdependence of quality, access and timeliness. Therefore a measure or attribute identified in one of the categories of quality, access or timeliness may also be noted under either of the two other areas.

## Methodology and Data Sources

Delmarva utilized four sets of data to evaluate Health Net Health Plan's (Health Net) performance. The data sets are as follows:

- 2004 Health Employer Data Information Set (HEDIS) HEDIS, is a nationally recognized set of performance measures developed by the National Committee for Quality Assurance (NCQA). These measures are used by health care purchasers to assess the quality and timeliness of care and service provision to members of managed care delivery systems.
- 2004 Consumer Assessment of Health Plan Satisfaction (CAHPS), Version, 3.0H. CAHPS is a nationally employed survey developed by NCQA. It is used to assess managed care members' satisfaction with the quality, access and timeliness of care and services offered by managed care organizations. CAHPS offers a standardized methodology that allows potential managed care beneficiaries to compare health plans. This comparison is designed to help the potential beneficiary select a health plan that offers the quality and access to care compatible with their particular preferences. Within this report, the CAHPS data are presented according to the contract type. Health Net has two contract types, two plan (CP) and geographic managed care models (GMC). The two plan model is a Medi-Cal managed care delivery system through which counties designated by the CDHS enroll Medi-Cal beneficiaries into one of two managed care plans on a mandatory basis. One of the plans is intended to be a public entity known as a local initiative and the other plan is a health maintenance organization or a "commercial plan" which is designated as CP) in the report.
- Summaries of plan-conducted Quality Improvement Projects (QIPs).
- Plan Monitoring /Member Rights Branch—conducted by the Plan Monitoring/Member Rights Branch of DHS to assess how compliance with member grievances, prior authorizations, culture & linguistics and marketing.

## Background on Health Net Health Plans

Health Net of California, Inc. (Health Net) is a full service, for profit health plan contracted in Fresno, Los Angeles, and Tulare counties as a commercial plan and in Sacramento and San Diego counties as a geographic managed care (GMC) plan. The Plan has been licensed in accordance with the provisions of the Knox-Keene Health Care Service Plan Act since March 7, 1991. As of July, 2003, Health Net's total Medi-Cal enrollment was 615,701 members. During the HEDIS reporting year of 2004, Health Net Health Plans collected data related to the following clinical indicators as an assessment of quality:

- Childhood Immunizations, Combo II
- Breast Cancer Screening
- Cervical Cancer Screening
- Chlamydia Screening
- Use of Appropriate Medications for People with Asthma

To assess member satisfaction with care and services offered by Health Net Health Plans, the CAHPS survey, version 3.0 H was fielded among a random sample of health plan beneficiaries. The survey was administered to adults and parents of children for whom the Health Net Health Plan provides insurance coverage. Within the sample of children selected is a subset population of children who are identified as having chronic care needs (CSHCN population). This population differentiation provides regulators and other interested parties an understanding regarding whether children with complex needs experience differences in obtaining care and services compared to children within the Medi-Cal population.

With respect to the Quality Improvement Projects, Health Net submitted the following for review:

- Immunization Collaborative.
- Adolescent Collaborative.
- Prenatal and Postpartum Wellness Program.
- Ambulatory Care Sensitive Conditions.

The Health Net systems review reflects the joint findings assessed by DHS. This review covered activities performed by the health plan from July 2002 to June 2003 and was conducted July 7-11, 2003. This process includes document review, verification studies, and interviews with Health Net staff.

These activities assess compliance in the following areas:

- Utilization Management.
- Continuity of Care.
- Availability and Accessibility.
- Member Rights.

- Quality Management.
- Administrative and Organizational Capacity.

Delmarva also reviewed the results of a routine monitoring review conducted by the DHS Medi-Cal Managed Care Division, Plan Monitoring/Member Rights Branch. The focus of this review covers services provided from April - September 2001, was to assess how well member grievances and prior authorizations are processed and monitored. Additionally, Delmarva evaluated the cultural and linguistic services offered by Health Net, as well as its marketing practices.

## Quality At A Glance

### HEDIS®

The HEDIS areas assessed for clinical quality can be found on page two of this report.

The table below shows the aggregate results obtained by Health Net.

**Table 1. 2004 HEDIS Quality Measure Results for Health Net Health Plans**

| HEDIS Measure   | 2004 Health Net Rate | Medi-Cal Managed Care Weighted Average | 2004 National Medicaid HEDIS Average |
|---|----------------------|--|--------------------------------------|
| Childhood Immunization Status Combo II                | 62.4%                | 64.7%                                  | 61.8%                                |
| Breast Cancer Screening                               | 47.2%                | 53.1%                                  | 55.8%                                |
| Cervical Cancer Screening                             | 51.1%                | 60.8%                                  | 63.8%                                |
| Chlamydia Screening in Women                          | 37.5%                | 38.5%                                  | 45.0%                                |
| Use of Appropriate Medications for People with Asthma | 48.4%                | 61.0%                                  | 64.2%                                |

Health Net fell below the Medi-Cal managed care average and the National Medicaid HEDIS average for all measures except Childhood Immunization, Combo II. Further investigation is required to understand the root causes that led to less than expected results. CAHPS data indicate that physician communication is less than the Medi-Cal average for Health Net members. This information may serve as a basis to begin the exploration needed to drive interventions focused toward improving HEDIS rates.

### CAHPS® 3.0H

As can be expected, Medi-Cal enrollees' perceptions of the quality of care received are closely related to their satisfaction with providers and overall health care services. Therefore, the CAHPS survey also questioned parents of Health Net enrollees regarding their satisfaction with care. Also surveyed was a subset of the Health Net childhood population who are children with health care special needs (CSHCN). They are reflected by the CSHCN notation in the table. The non-CSHCN reflects the parents' response for children in the Health Net population not identified as having chronic care needs.

**Table2. 2004 CAHPS Quality Measure Results for Health Net Health Plans**

| CAHPS Measure                | Population | 2004 Health Net Rate |           |           | 2004 Medi-Cal Average |
|------------------------------|------------|----------------------|-----------|-----------|-----------------------|
|                              |            | CP                   | GMC North | GMC South |                       |
| Getting Needed Care          | Adult      | 69%                  | 58%       | 60%       | 69%                   |
|                              | Child      | 74%                  | 74%       | 81%       | 77%                   |
|                              | CSHCN      | 69%                  | 59%       | 78%       | N/A                   |
|                              | Non-CSHCN  | 79%                  | 77%       | 81%       | N/A                   |
| How Well Doctors Communicate | Adult      | 48%                  | 37%       | 56%       | 51%                   |
|                              | Child      | 51%                  | 49%       | 53%       | 52%                   |
|                              | CSHCN      | 53%                  | 53%       | 57%       | N/A                   |
|                              | Non-CSHCN  | 53%                  | 48%       | 53%       | N/A                   |

CAHPS data reveal that the perception of “getting needed care” is more favorable for parents of children as compared to adults. However, the child rate does not exceed the Medi-Cal average except in the GMC South plans. The adult rate for this measure scored below the Medi-Cal average for all plan types except the CP plans. While parents of children with Children with Health Care Special Needs (CSHCN) population express greater dissatisfaction with the ability to get needed care compared to parents of non-CSHCN children, this finding has a potential greater impact on the CSHCN population. Lower satisfaction among this group could lead to increasing acuity due to the fact that this group is likely to have a more vulnerable health status than non-CSHCN children. The finding of lower satisfaction with this group may be indicative of the need for Health Net’s practitioner network’s to enhance its sensitivity to the needs of this more vulnerable population.

Review of data indicating members' perception of “How Well Doctors Communicate” demonstrates that Health Net members perceive that there are opportunities for improvement in practitioner communication. The Health Net adult and child rates for this measure fell slightly below the Medi-Cal managed care average in all areas except the GMC South Plan. However, parents of the CSHCN population have a higher rate of satisfaction with communication compared to parents of non-CSHCN Medi-Cal children. This is a positive finding since the CSHCN population is likely to require communication they understand to prevent

progression of the chronic illness. However the data are indicative of opportunities for improvement in the area of practitioner communication for all populations served.

### Quality Improvement Projects

In the area of Quality Improvement Projects (QIPs), Health Net used the quality process of identifying a problem relevant to their population, setting a measurement goal, obtaining a baseline measurement and performing targeted interventions aimed at improving the performance. However, after the re-measurement periods, qualitative analyses often identified new barriers that impacted Health Net's success in achieving its targeted goal. Thus quality improvement is an ever evolving process that may not be actualized due to changes in the study environment from one measurement period to the next.

The quality improvement projects (QIPs) performed by Health Net can be found on page three of this report. The following section provides a synopsis of each QIP undertaken by Health Net.

### Immunization Collaborative

- Relevance:
  - This was a Statewide collaborative that was not submitted on a form that required a statement of relevance.
- QIP Goal:
  - To increase participation of high volume primary care providers using immunizations registries. A new goal was added in 2005 which was to increase immunization rates.
- Best Interventions:
  - Identified high volume immunization PCPs.
  - Developed PCP survey.
  - Health Net registries, LINK in Los Angeles, CVIIS in Fresno and Tulare counties, Shots for Tots in Sacramento, and SDIR in San Diego are ready to accept immunization information.
- QIP outcomes:
  - Identified 1065 unique high-volume immunization PCP sites in Health Net contract counties with high-volume immunization PCPs who were not participating in registries.
  - Identified 40 Health Net high volume immunization PCPs who were participating in registries.
- Attributes/barriers related to Outcomes:

Survey Issues:

  - Low survey response rate (127 of 1065 completed).
  - Knowledge of office computer equipment needed to complete the survey.
  - Physician offices' unwillingness to complete the survey.
  - Correct fax and/or phone numbers for several physician offices were not available in Health Net's system.



- Technical content on survey deters physicians' office staff from completing the survey.
- Registry issues:
- Operational status of registries.
- Staff limitations for registry training of interested PCP office staff.
- Physician loss of interest (Los Angeles) due to similar survey and information dissemination several years ago when registry was not yet operational.
- Registry volume limitations.

### **Adolescent Collaborative**

- Relevance:
  - Health Net's adolescent population (members age 12-21) represents 22.87% of the total Health Net Medi-Cal membership (as of 7/1/04). Health Net identified a significant opportunity for improvement in the annual rates of Adolescent Well Care Visits for each Health Net Medi-Cal contract county after analyzing the Health Net Medi-Cal HEDIS Reporting Year 2004 results.
- QIP Goal:
  - To increase the rate of annual adolescent well care visits.
- Best Interventions:
  - Assessment on performance of high volume adolescent physicians (implemented 4<sup>th</sup> Qtr. 2004).
  - Assessed adolescent best practice among high volume PCPs to identify teen-oriented providers which was implemented in 4<sup>th</sup> quarter 2004.
- Outcomes:
  - NA: Baseline measure only.
- Attributes/Barriers related to Outcomes:
  - Lack of awareness of the importance of an annual well-care visit on the part of many adolescents.
  - Providers lack of training/knowledge on how to comfortably and effectively serve their adolescent patients.
  - Lack of access to physicians who are knowledgeable and skilled in adolescent health.

### **Prenatal and Postpartum Wellness Program**

- Relevance:
  - Prenatal and postpartum care improves health outcomes for a mother and her baby (Health Net referenced NCQA documentation).
- QIP goal:
  - To improve health outcomes by instituting a Medi-Cal Prenatal and Postpartum Wellness Program.
- Best Interventions:
  - Folic Acid Campaign.
  - Member incentives.

- Outcomes:
  - When compared to Baseline (RY 2003), all Health Net Medi-Cal contract counties' HEDIS prenatal rates for RY2004 exceeded the benchmark goal of 76% with the exception of Los Angeles County.
  - Fresno and Tulare counties exceeded the baseline benchmark goals of 61% for postpartum care.
  - Statistically significant improvements ( $p < 0.05$ ) were observed for the first re-measurement prenatal and postpartum rates for Sacramento and San Diego counties with increases of 11.18% and 7.73% respectively in Sacramento and 22.59% and 10.87% respectively in San Diego.
- Attributes/Barriers to Outcome Goals:
  - Caveats and Limitations documented in the DHS report entitled "Results of the HEDIS 2001 Performance Measures for Medi-Cal Managed Care Members", Appendix G, led Health Net to conclude that the increases seen in Los Angeles county (below those seen for other plans) for prenatal and postpartum visits were due to encounter data and global billing issues particular to capitated plans.

### **Ambulatory Care Sensitive Conditions**

- Relevance:
  - Ambulatory Care Sensitive Conditions (ACSCs) are widely accepted as indicators of access to primary care. The top four ACSCs (asthma, ear, nose and throat infections, gastroenteritis, and urinary tract/kidney infections) accounted for nearly 90% of emergency room visits for Health Net Medi-Cal members in 2003.
- QIP Goal:
  - To decrease the overall annual Health Net Medi-Cal rate of ER visits for each of the four targeted ACSCs.
  - To increase the annual call volume for Health Net's Health Line.
  - To increase the annual HealthLine call volume for calls related to each of the four ACSCs.
  - To increase the annual rate of outpatient PCP visits for the four ACSCs.
- Best Interventions:
  - Individual postcards for each ACSC (English and Spanish) including self-management skills, access to PCP, HealthLine and Urgent Care Center.
  - Culturally focused postcards for each ACSC.
- Outcomes:
  - Statistically significant decrease in ER visits for ACSC conditions – met 2004.
  - Statistically significant increase in call volume – not met 2004.
  - Increase call volume for symptoms related to ACSCs – not met 2004.
  - Increase outpatient visits comparable to the decrease that is achieved/observed for the measure of ER visits for the four ACSC conditions – not met 2004.
- Attributes/Barriers to Outcomes:

- Barrier: Postcard mailings planned for early 2004 but ongoing revisions related to focus group findings and printing difficulties delayed the project until December 2004, thus little, if any, intervention effects can be observed in this re-measurement period.
- Barrier: Difficulty accessing data from the Health Line. Difficulty analyzing data due to complex format of call records.
- Barrier: Lack of inter-rater reliability for coding conditions on incoming member calls taken by the Health Line.
- Barrier: Receipt of an ER postcard shortly after making an ER visit is most likely to change the members' behavior, however, delay in claims data may cause postcards to be delayed and therefore have less impact.
- Barrier: Member knowledge deficit.
- Barrier: Provider knowledge.
- Barrier: Cultural health behaviors that may be incompatible with the recommended standards of care.
- 

Table 3 represents the Qualitative Results of each QIP.

Table 3: Quality Improvement Project Performance Results- Health Net

| PIP Activity               | Indicator   | Baseline | Re-measurement |    |    |
|----------------------------|---|----------|----------------|----|----|
|                            |   |          | #1             | #2 | #3 |
| Immunization Collaborative | Childhood immunization HEDIS Rates                | 2003     |                |    |    |
|                            | Fresno County                                     |          |                |    |    |
|                            | DTP/DTaP  | 72.7%    |                |    |    |
|                            | Hepatitis B                                       | 82.3%    |                |    |    |
|                            | Hib   | 76.3%    |                |    |    |
|                            | IPV/OPV   | 83.7%    |                |    |    |
|                            | MMR   | 85.9%    |                |    |    |
|                            | VZV   | 81.6%    |                |    |    |
|                            | Combo 1   | 66.75%   |                |    |    |
|                            | Combo 2   | 65.55%   |                |    |    |
|                            | Los Angeles                                       |          |                |    |    |
|                            | DTP/DTaP  | 69.6%    |                |    |    |
|                            | Hepatitis B                                       | 74.9%    |                |    |    |
|                            | Hib   | 72.6%    |                |    |    |
|                            | IPV/OPV   | 78.45%   |                |    |    |
|                            | MMR   | 80.6%    |                |    |    |
|                            | VZV   | 78%      |                |    |    |
|                            | Combo 1 (Includes all the above)                  | 61.8%    |                |    |    |
|                            | Combo 2 (includes all the above except Varicella) | 60.7%    |                |    |    |
|                            | Sacramento  |          |                |    |    |
|                            | DTP/DTaP  | 73.9%    |                |    |    |
|                            | Hepatitis B                                       | 81.5%    |                |    |    |
|                            | Hib   | 73.9%    |                |    |    |
|                            | IPV/OPV   | 82.8%    |                |    |    |
|                            | MMR   | 88.1%    |                |    |    |
|                            | VZV   | 85.1%    |                |    |    |
|                            | Combo 1 (Includes all the above)                  | 64.8%    |                |    |    |
|                            | Combo 2 (includes all the above except Varicella) | 63.5%    |                |    |    |

| PIP Activity | Indicator  | Baseline | Re-measurement |    |    |
|--------------|--|----------|----------------|----|----|
|              |  |          | #1             | #2 | #3 |
|              | San Diego County   |          |                |    |    |
|              | DTP/DTaP –   | 81.3%    |                |    |    |
|              | Hepatitis B –  | 83.1%    |                |    |    |
|              | HIB –  | 83.4%    |                |    |    |
|              | IPV/OPV –  | 87.3%    |                |    |    |
|              | MMR –  | 91.7%    |                |    |    |
|              | VZV –  | 92.3%    |                |    |    |
|              | Combo 1 –(Includes all the above)  | 74.9%    |                |    |    |
|              | Combo 2 – (includes all the above except Varicella)                          | 74.5%    |                |    |    |
|              | Tulare County  |          |                |    |    |
|              | DTP/DTaP –   | 72.8%    |                |    |    |
|              | Hepatitis B –  | 76.8%    |                |    |    |
|              | HIB –  | 71.2%    |                |    |    |
|              | IPV/OPV –  | 79.2%    |                |    |    |
|              | MMR –  | 82.5%    |                |    |    |
|              | VZV –  | 81.8%    |                |    |    |
|              | Combo 1 (includes all the above)   | 63.6%    |                |    |    |
|              | Combo 2 (includes all the above except Varicella)                            | 62.2%    |                |    |    |
|              | Percent of High-Volume Immunization Providers that Participate in a Registry |          |                |    |    |
|              | Fresno County–   | 50%      |                |    |    |
|              | Los Angeles County–  | 0%       |                |    |    |
|              | Sacramento County  | 21.7%    |                |    |    |
|              | San Diego County–  | 1.7%     |                |    |    |
|              | Tulare County–   | 56.8%    |                |    |    |

| PIP Activity                             | Indicator  | Baseline  | Re-measurement   |    |    |
|--|--|---|--|----|----|
|  |  |   | #1   | #2 | #3 |
| Adolescent Collaborative                 | Adolescent Well-Care Visits<br>Fresno<br>Los Angeles<br>Sacramento<br>San Diego<br>Tulare  | 2004:<br>35.52%<br>24.17%<br>31.75%<br>24.09%<br>28.47%   |  |    |    |
|  | Quality of care and services provided to adolescents during routine well care or episodic visits as measured through the post-visit survey, "Report of Adolescent Care Visit".   | Not reported for this is the base                         |  |    |    |
| Prenatal and Postpartum Wellness Program | Percentage of women in the denominator who received a prenatal visit as a member of the MCO in the 1 <sup>st</sup> trimester or within 42 days of enrollment in MCO <ul style="list-style-type: none"> <li>Two Plan Model:</li> <li>Los Angeles, Fresno, Tulare</li> <li>GMC-N Sacramento</li> <li>GMC-S San Diego</li> <li>Fresno*</li> <li>Tulare*</li> <li>Los Angeles</li> </ul> | 2003<br><br><br>62.53%<br>65.95%<br>54.38%<br>*<br>*<br>* | 2004<br><br><br>66.53%<br>77.13%<br>76.97%<br>85.40%<br>79.53%<br>63.99% |    |    |

| PIP Activity                         | Indicator   | Baseline   | Re-measurement   |    |    |
|--------------------------------------|---|--|--|----|----|
|                                      |   |  | #1   | #2 | #3 |
|                                      | Percentage of women in the denominator who had a postpartum visit on or between 21 and 56 days after the delivery <ul style="list-style-type: none"> <li>Two Plan Model:</li> <li>Los Angeles, Fresno, Tulare</li> <li>GMC-N Sacramento</li> <li>GMC-S San Diego</li> <li>Fresno*</li> <li>Tulare*</li> <li>Los Angeles*</li> </ul> *Reporting changed from contract plan type to contracted county | 45.01%<br>46.04%<br>41.25%<br>*<br>*<br>*                            | 50.36%<br>53.77%<br>52.12%<br>61.31%<br>62.28%<br>48.66%           |    |    |
| Ambulatory Care Sensitive Conditions | Rate of annual Medi-Cal ER visits for asthma, ear, nose & throat infections, gastroenteritis, and kidney/urinary infections ACSCs <ul style="list-style-type: none"> <li>Statewide</li> <li>Sacramento</li> <li>Fresno</li> <li>Tulare</li> <li>Los Angeles</li> <li>San Diego</li> </ul>   | 2003:<br><br>125.82<br>69.30<br>118.43<br>166.45<br>131.37<br>123.44 | 2004:<br><br>104.32<br>51.57<br>93.68<br>118.21<br>112.14<br>99.90 |    |    |

| PIP Activity | Indicator   | Baseline | Re-measurement |    |    |
|--------------|---|----------|----------------|----|----|
|              |   |          | #1             | #2 | #3 |
|              | Annual rate of Health Line Nurse call volume  |          |                |    |    |
|              | <ul style="list-style-type: none"> <li>Statewide</li> </ul>   | 15.2     | 15.6           |    |    |
|              | Annual rate of Health Line member call volume for calls related to asthma, ear, nose & throat infections, gastroenteritis, and kidney/urinary infections ACSCs. |          |                |    |    |
|              | <ul style="list-style-type: none"> <li>Statewide</li> </ul>   | 3.98     | 3.07           |    |    |
|              | Rate of annual Medi-Cal outpatient PCP visits for asthma, ear, nose & throat infections, gastroenteritis, and kidney/urinary infections ACSCs.                  |          |                |    |    |
|              | <ul style="list-style-type: none"> <li>Statewide</li> </ul>   | 731.9    | 645.03         |    |    |
|              | <ul style="list-style-type: none"> <li>Fresno</li> </ul>  | 713.8    | 615.2          |    |    |
|              | <ul style="list-style-type: none"> <li>Los Angeles</li> </ul>   | 735.2    | 656.1          |    |    |
|              | <ul style="list-style-type: none"> <li>Sacramento</li> </ul>  | 598.8    | 507.3          |    |    |
|              | <ul style="list-style-type: none"> <li>San Diego</li> </ul>   | 1404.3   | 1141.5         |    |    |
|              | <ul style="list-style-type: none"> <li>Tulare</li> </ul>  | 575.3    | 489.4          |    |    |

\*Visits per thousand members per year (PTMPY) = (Numerator/Denominator) x 1000 x 12



### **Audit and Investigation (A&I) Findings**

Delmarva reviewed the results of the audit performed by DHS. Within the audit and investigation component of the quality review, Health Net was assessed specifically in the following areas:

- Quality Management Review Requirements
  - Qualified Providers
  - Program Description and Structure
  - Administrative Services
  - Delegation of QIP Activities
- Member's Rights
  - Grievance Systems
- Continuity of Care
  - Coordination of Care: Within the Network
  - Coordination of Care: Outside the Network/Special Arrangements
  - Initial Health Assessment
  - Referral Follow-Up Care System

Health Net was found to have opportunities for improvement related to the qualified providers. As well, opportunities for improvement were identified with coordination of care outside the network and for special arrangements, initial health assessments and the referral follow-up care system. Health Net addressed issues identified in the Quality Management Review Requirements and implemented corrective action to address deficiencies.

### **Summary of Quality**

In summary, Health Net Health Plans demonstrates a quality-focused approach in administering care and services to its members. The plan demonstrates an integrated approach to working with its members, practitioners, providers and the internal health plan departments to improve overall healthcare quality and services.

### **Access At A Glance**

Access to care and services has historically been a challenge for Medi-Cal recipients enrolled in fee-for-service programs. One of the Medi-Cal Managed Care Division's (MMCD) goals is to adequately protect enrollee access to care. Access is an essential component of a quality-driven system of care. The findings in regards to access are displayed in the following sections.

## HEDIS®

Looking at access from a HEDIS perspective, access and availability of care are addressed through the Prenatal and Postpartum Care HEDIS measure. Two rates are calculated for this measure, the timeliness of prenatal care and the completion of a postpartum check-up following delivery.+

**Table 4: 2004 HEDIS Access Measure Results for Health Net Health Plans**

| HEDIS Measure                          | 2004 Health Net Rate | Medi-Cal Managed Care Weighted Average | 2004 National Medicaid HEDIS Average |
|--|----------------------|--|--------------------------------------|
| Timeliness of Prenatal Care            | 67.5%                | 75.7%                                  | 76.0%                                |
| Postpartum Check-up Following Delivery | 50.6%                | 55.7%                                  | 55.2%                                |

Health Net scored below the Medi-Cal managed care average and the National Medicaid HEDIS average for the “Timeliness of Care” rate for the “Postpartum Check-up Following Delivery” rate. Postpartum care is impacted by the health plan’s access to correct demographic information for outreach to postpartum members. These results demonstrate that there is potential for improvement pertaining to access for prenatal and postpartum care.

## CAHPS®

Member satisfaction scores related to access to services are addressed in a composite rating calculated as part of the CAHPS survey. This composite rating for “Getting Care Quickly” is used as a proxy measure for access and availability.

**Table 5. 2004 CAHPS Access Measure Results for Health Net Health Plans**

| CAHPS Measure        | Population | 2004 Health Net Rate |           |           | Medi-Cal Managed Care Average |
|----------------------|------------|----------------------|-----------|-----------|-------------------------------|
|                      |            | CP                   | GMC-North | GMC South |                               |
| Getting Care Quickly | Adult      | 33%                  | 26%       | 31%       | 35%                           |
|                      | Child      | 36%                  | 38%       | 34%       | 38%                           |
|                      | CSHCN      | 37%                  | 42%       | 36%       | N/A                           |
|                      | Non-CSHCN  | 37%                  | 37%       | 34%       | N/A                           |

Findings from 2004 indicate that Health Net scored below the Medi-Cal managed care average for all populations served except in the child GMC North population where the rate equaled the Medi-Cal average. However of greater importance is the fact that children with chronic care needs (CSHCN) express greater

satisfaction with access in allocations except in GMC South. When considered with the CAHPS quality assessment for getting care when needed, one can deduce that the CSHCN population is more satisfied with their ability to obtain routine care verses their ability to obtain urgent care. However, the data indicate that there are opportunities for improvement in access for the ability to obtain care for Health Net Medi-Cal members as well as all Medi-Cal managed care members.

### Quality Improvement Projects

Health Net Health Plans' quality improvement projects all focused upon improvement of clinical indicators. However, within the barrier analyses for each project, potential access barriers were frequently identified. The identification of these access barriers is followed by interventions targeted to improve access. Several of the QIP activities identified access as a barrier in the performance of the qualitative analysis of their projects. Actions were then taken to ameliorate or when possible, eliminate the identified access barrier. For examples of access barriers identified, refer to the quality section discussion of QIP activities: attributes/barriers to outcomes.

### Audit and Investigation (A&I) Findings

Delmarva reviewed the results of the joint audit performed by DHS. This audit covered health plan activity from 2002 to 2003 and encompassed a compliance review considering the following requirements which represent proxy measures for access:

- Member's Rights
  - Cultural and Linguistic Services
  - Primary Care Physician
- Availability and Access
  - Access To Medical Care
  - Access To Emergency Services
  - Access To Pharmaceutical Services
  - Access To Specific Services

After completion of the review, DHS/DMHC, identified opportunities in the area of access to emergency services and specific services related to family planning. To address these opportunities, DHS conducted oversight of Health Net's corrective action process. Health Net addressed recommendations related to Access Review Requirements and implemented corrective measures.

### Summary of Access

Overall, access is an area where continued work towards improvement occurs. Combining all the data sources used to assess access, Health Net addressed the areas identified by DHS during the A&I audit. Issues

with emergency services and specific services related to family planning have been resolved and are now in compliance with the access standards required by DHS.

## Timeliness At A Glance

Access to necessary health care and related services alone is insufficient in advancing the health status of Medi-Cal managed care enrollees. Equally important is the timely delivery of those services. The findings related to timeliness are revealed in the sections to follow.

### HEDIS®

Timeliness of care is assessed using the results of the HEDIS Adolescent Well Care Visits and Well Child Visits in the First 15 Months of Life, as well as the DHS developed Blood Lead Level Testing measure. All Medi-Cal managed care plans were required to submit these measures.

**Table 6: 2004 HEDIS Timeliness Measure Results for Health Net Health Plans**

| HEDIS Measure   | 2004 Health Net Rate | Medi-Cal Managed Care Weighted Average | 2004 National Medicaid HEDIS Average |
|---|----------------------|--|--------------------------------------|
| Well Child Visits in the First 15 Months of Life - 6 or more visits | 31.0%                | 48.7%                                  | 45.3%                                |
| Adolescent Well-Care Visits   | 25.1%                | 33.9%                                  | 37.4%                                |
| Follow-Up Rate for Children with elevated BLL at 24 Months          | N/A                  | 53.7%                                  | N/A                                  |
| Follow-Up Rate for Children with elevated BLL at 27 Months          | N/A                  | 33.1%                                  | N/A                                  |

Both measures for timeliness fell below both the Medi-Cal managed care average and the National Medicaid HEDIS average. When looking at this data compared to the HEDIS childhood immunization results for Health Net, it is explicable that the rates are found to be low for both measures (Childhood Immunization Status and Well Child Visits in the First 15 Months of Life or 6 or more visits). This may indicate that if practitioners performed more well child visits, the childhood immunization rates may be higher. This may indicate opportunities for improvement in the area of timeliness.

## CAHPS®

Member satisfaction scores related to timeliness of services are addressed in two composite ratings calculated as part of the CAHPS survey: Courteous and Helpful Office Staff and Health Plan's Customer Service.

**Table 7. 2004 CAHPS Timeliness Measure Results for Health Net Health Plans**

| CAHPS Measure                      | Population | 2004 Health Net Rate |           |           | 2004 Medi-Cal Average |
|------------------------------------|------------|----------------------|-----------|-----------|-----------------------|
|                                    |            | CP                   | GMC-North | GMC South |                       |
| Courteous and Helpful Office Staff | Adult      | 53%                  | 41%       | 55%       | 54%                   |
|                                    | Child      | 53%                  | 53%       | 53%       | 53%                   |
|                                    | CSHCN      | 52%                  | 51%       | 52%       | N/A                   |
|                                    | Non-CSHCN  | 54%                  | 53%       | 53%       | N/A                   |
| Health Plan's Customer Service     | Adult      | 73%                  | 55%       | 67%       | 70%                   |
|                                    | Child      | 74%                  | 71%       | 72%       | 74%                   |
|                                    | CSHCN      | 63%                  | 64%       | 66%       | N/A                   |
|                                    | Non-CSHCN  | 79%                  | 73%       | 74%       | N/A                   |

Members' perception of courteous and helpful office staff generally impacts utilization of services. Health Net adult members find office staff less helpful in all areas except in GMC South where the rate was slightly above the general Medi-Cal average. The child population rates are equivalent to the Medi-Cal average. In the opinion of the EQRO, office staff personnel have an impact not only on member satisfaction but also service utilization. Although an assumption, it seems reasonable to believe that if office staff are not perceived helpful or courteous, members may feel that they are not able to get needed information or help they feel required to care for themselves or their children.

It is noteworthy that parents of CSHCN children find office staff slightly less courteous and helpful than general Medi-Cal enrollees. This is important as this population often requires more guidance from office staff in order to avoid crisis care management. Thus, the elimination of as many barriers as possible that potentially have an adverse influence upon care seeking behavior is beneficial to the members as well as the health plan.

## Quality Improvement Projects

Timeliness was a focal area of attention in most of the QIPs. Member-focused efforts consisted of assuring that members were reminded of preventive services prior to the age range when the services are due. Health Net used a variety of mechanisms to address timeliness, including sending birthday card reminders, disseminating preventive health guidelines to members and clinicians and providing evidence-based literature to the practitioner network. Practitioner barriers related to timeliness issues focus upon the lack of timely provision of care or services due to missed opportunities.

Issues related to timeliness of services may very likely be impacted by access. Health Net acknowledged the relationship between timeliness and access within the barrier analysis of the QIP where access was often identified as a barrier. If care or service cannot be obtained, timely provision of the needed service is unlikely. The interdependence of access and timeliness is further illustrated in QIP studies that are HEDIS-related and focus upon services received (access) as well as the timeframe in which the service was provided (timeliness).

### **Audit and Investigation (A&I) Findings**

Delmarva's review of DHS/DMHC's plan survey activity from 2002-2003 evidenced that the following review requirements were monitored and reflect adequate proxy measures for timeliness:

- Utilization Management
  - Prior Authorization Review Requirements
  - Prior Authorization Appeal Process

DHS assessed timeliness review requirements and made recommendations for improvement related to prior authorization review requirements. Health Net addressed issues identified in the Utilization Management Process and implemented corrective action to address deficiencies.

### **Summary for Timeliness**

Timeliness barriers are often identified as access issues. Health Net addressed timeliness in its QIP activities. Each HEDIS quality measure combines the receipt of the service with the timeframe for provision of the service. Both elements must be met to achieve compliance. Since most of the QIPS focus upon HEDIS-related topics and methodology, Health Net demonstrates an awareness of the importance of timeliness in the provision of overall quality care and service.

## **Overall Strengths**

### **Quality:**

- Commitment of Health Net management staff towards quality improvement as evidenced by the rapid response and resolution of the deficiencies cited during the audit and investigation reviews.
- Health Net scored above the national Medicaid average for the rate of childhood immunization.
- General precise documentation within the QIP that defines the problem under study, indicator measures and the tri-focal approach to interventions taken to attain improvement followed by reassessment for improvement.

Access:

- Health Net scored above both the Medi-Cal average as well as the Medicaid average for the timeliness of prenatal care.
- Parents of children with chronic care needs have the same perception of “getting care quickly” as their Medi-Cal peers. Although the rate needs to improve, the fact that the CSHCN population perceives the ability to “get care quickly” no different than Medi-Cal enrollees demonstrates that this group is not adversely impacted to access in urgent situations. This is an important factor in the provision of appropriate yet cost effective care.

**Timeliness:**

- The CSHCN population perceives office and health plan staff more helpful than their Medi-Cal peers. This is strength due to the fact that the CSHCN population likely has more complex needs and requires more time. One may infer that the greater satisfaction among this group indicates that they receive the information and guidance needed from health plan staff as well as office staff.
- Health Net’s recognition of the interdependence of access and timeliness for improvement of care and/or services to be realized.

**Recommendations**

- Perform a formal root cause analysis, if not done previously, to understand why the timeliness to prenatal care and post partum exam rates in Los Angeles County did not achieve target goals after intervention.
- Conduct follow-up assessments of the perception of the intended audience receiving educational endeavors. Follow-up with practitioners and/or members to determine if educational materials were effective toward attaining the desired behavior or outcome.
- Perform periodic monitoring within areas identified in the medical audit as deficient to make certain that the actions undertaken to correct the issues remain effective.
- Perform further investigation of low satisfaction areas identified by CAHPS.
- Assess the disparities in quality of care and/or services among differing ethnic populations within the managed care membership. Understanding this phenomenon will enable focused resource allocation.
- Perform interventions such as random sample surveys to understand if members perceptions of their ability to access care when needed has an impact upon the actual receipt of timely care or service.
- Coordinate activities between quality and provider relations staff to enhance the likelihood of compliance with timeliness standards.

Recommendations that have been implemented independent of the EQRO feedback should be viewed as information only and be continually monitored by the health plan for assessment of improvement to be included in next year's plan specific report.



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